FOR BINDING

RESERVED

MARGIN

PLEASEWRITE

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1)5417

CERTIFICATE OF DEATH

er. Dist. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED (For newborn infants give residence of mother)
County Wiconuco	YMA St. a
(If outside city or town limits, write RURAL and give nearest town)	State County OV
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Propilal, Institution, or street address where death occurred:	Street No.
Emmaila Durina Hospital	(Ifraral, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
addres & William Sister	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Welsett	20. DATE DE DEATH. June 15- 19.47 at 12 20
	21. I CERTIFY that death occurred on the date above stated; that I attended deceaced from
6.(b) Name of husband or wife	19. 10 6 - 1 5 - 4 7 . 19
7. Birth date of	and that I last saw h air alive on 6 ~ 15 - 4 7 19
deceased (mo., day, yr.)	Immediate cause of death OURATION
8. AGE: Years Months Days If less than one day	Vision Collect Carps At a Carps
1 11 11	Takerula menuzatió
Show Shows Very Mo	Que to.
9. Birthplace (Town, county, and state)	
1D. Usual occupation	Que 10.
11. Industry or business	
= 12, Name Staller Costienal	Other conditions
Y 13. Birthplace	
# 14. Maiden name Jola O. Nica and	(Include pregnancy within 3 months of death)
14. Maiden name 11. Maiden namh 11. Maiden name 11. Maiden name 11. Maiden name 11. Maiden nam	Major findings of operations
2 15. Birthplace	Date of op.
16. Informant	Autopsy results
Address & Verjolouv-	22. VIOLENCE: It death was due to external causes, fill in the following;
17. Durial Date thereof 2-11-1947	Accident, suicide, or homicide
(Burisl, cremetion, or removal (Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location The Desire	Injured at home, farm, Industry, public place (where?)
18. Funeral director Organization 1905	Meene of injury tajured at work?
Address Wardtrus 1	11:0: 1120
AUUTESS D CO	23. SIGNATURE
19. 6/6, 18/17) Hasselt 21 00	month 0 6 Md 6.15-4

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JUN 19 1947

BUREAU T 6

2411 N. Charles St., Baltimore /3/a/

05408

CERTIFICATE OF DEATH

Reg. Diat. No. 355

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
(For newborn infants gave residence of mother)	
State County Allone	20
City or town	
Vew long in show place of death? (If outside city or town lights, write RURAL and give	nes rest town)
Now long in above place or dealing.	nested outing
Hospilai, institution, pristreet address where deathy occurred:	
(If rurel, give LOCATION)	
How long In hospital or institution?	*************************
	it- Namber
3. (a) FULL NAME 3. (b) Social Secur	ity Mumber
Salle Marka Butterahan	
4. Sey 5. Color or race 8.(a)Single, married, widowed, or divorced MEDICAL CERTIFICATION	3~
11 4 21/42 2/1/4	7 12.15
(enall) Stull Major , 20, DATE OF DEATH MILL 9, 19.4	f. 21 / . 4 3
Mik (11) Dutterslay 21. I CERTIFY that death occurred on the date above etaled: that I attended	deceased from
6.(b) Name of husband or wife Marile 118.4 1 10 June	- 47
£ (a) 16 alius wise and years	af a
7. Birth date of and that I last saw have alive on alive	19
deceased (mo., day, yr.) LAM. 10/2 Immediais couse of death	DURATION
8. AGE: Years Months Days If lees than one day	
n 5	***************************************
- 1/01 0 1/2/1 h	
Sandfalle, Miconies, Ils. Due to Arherwooderohe. C-V-K	
(Town, county, and state)	
(IN Alexa)	*******
10. Veual occupation	
11. Industry or business	
of Chief I have I have the	
12. Name Diher conditions	
2 13. Birthplace Musting O. (Include pregnoney within 3 months of death)	
(Include pregnancy within 3 months of death)	
14. Maiden name. May an hershall Major fieldings of operation. 15. Birthpiace Theoretic G., Ma. Dale of op	
15. Birthplace Mioneio Q., Md. Dale of op	
mam. (10° muna)	
16. Informant M. Mariall J. J. Marian P. Autopsy results.	and statistically
16. Informant	ged statisticany.
Address //	
Pate of	
(Buriol, cremation, or removal. Which?) (month) (day) (year)	
Gemetery or crematory	(State)
Location Talkshulf Injured al home, farm, Industry, public place (where?)	
Meane of Injury Injured at work?	
18. Funeral director	
Aglialus, MA.	
Addrese Fallshulf, MA. 23, SIGNATURE & MILLIAM LESS	F)
6/180 Ht thagist I solvedant a	. D. or other
Opate recol by registrar 199 Date sig	ned 6/1/4/

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 18 1947

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2411 N. Charles St., Baltimore

516

05408

CERTIFICATE OF DEATH

eg. Dist. No. 933

1. PLACE OF DEATH: Vacomic	2. USUAL RESIDENCE (HOME) OF DECEASED: (For preparation of mother)
County City or town (If outside city or town (mits, write RURAL and give nearest town)	State Q Quunty Rooms
How long in above place of death?	City or town
Hospitat, instrution astreet dess where wath occurred:	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	Brown 3. (b) Social Security Number
4. Sex Male 5. Color or 12 6.(a) Sileje, market withowed, or divorced	MEDICAL CERTIFICATION 20, DATE OF DEATH 20, DATE OF DEATH 21, MEDICAL CERTIFICATION 21, MEDICAL CERTIFICATION 21, MEDICAL CERTIFICATION 22, DATE OF DEATH
8.(b) Name of husband or wife Larah Brown Olas	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) May 15 2 1853	and that I last saw h
8. AGE: Years Months Days It less than one daymin.	Concession of product stands
9. Birthplace(Town, county, and sate)	Due to. Jesuskily
1D. Usuai occupation	Due to
11. Industry or business 1	Dither conditions
12. Name Pelland Brown 13. Birthplace Pellande Maryland	(Include pregnancy within 3 months of death)
14. Maiden name Sach Nannylbre 15. Birtholace Query Co. Delanae	Majur findings of aperations.
16. Interman & William E. Brown	Autapsy results
Address 17. Date Ihereoi. Date Ihereoi. Character (Day) (Year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or compatory March & March	Where did injury occur?
Location And Charles II Walley	Injured at home, farm, tudustry, public place (where?) Magans of Injury Injured at work?
18. Solder director	1 for a series seems
Address Addres	23. SIGNATURE.
19. (Date jec'd by registrar)	Address Jacksburg Med Date signed 544

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

VS A15 8.45.15
PLEASE WRITE



PLEASE

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. 705410

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County	(For newborn lafts give residence of mother)	
City or fown	State County County	
How long in above place of death?	(if obtside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No.	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veterao, name war	
3. (a) FULL NAME Mary Edna Bran	3. (b) Social Security Number	
4. Sex J. Color or rade 8.(a) Single, married, widowed, or a worded Widossell	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH	
8.(b) Hame of husband or wife. Leven Brunn	21. I CERTIFY that death occurred on the date above stated; that I at leaded deceased from	
7. Birth date of deceased (mo., day, yr.) Man 15. 18 45	and that I last saw h	
8. AGE: Years Months Bays If less than one day	Immediate cause of death DURATION /	
10 d 11 hrs. min.		
9. Birthplace	Due 10	
18. Usual occupation	Due fo	
11. industry or business/		
12. Name 12.	Other conditions	
14. Malden name	(Include pregnancy within 8 months of death)	
	Major findings of operations.	
-1 13. Bitingiace Management	Dafe of op	
16. Informan	Antopsy results	
Address Lugues Mai 6/18/49	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal. Which?) (month) (pay) (year)	Accident, suicide, or bomicide	
Cemelery or crematory	Where did lojury occur?	
Location MASSAGED OF SALES	Injured al home, farm, industry, public place (where?)	
18. Funeral director	Means of Injury Injured at work?	
Address Alhan Ma.	January M. D.	
19. 6 / To 19 df To Bassiel to 18.	S. SIGRATURE M. D. Or other M. D. Or other	
(Date rec'd by registrar)	Address Date signed A.M.	

JUN 21 1947

, 2411 N. Charfea St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.....

County Common Ca. City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Manual County Wilcom in State Town Runal Rivertain (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAME A	3. (b) Social Security Number 222-01-93 H	15	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Marcied.	MEDICAL CERTIFICATION 20. DATE OF DEATH	2.7	
6.(b) Name of husband or wife 509516 Brown 6.(c) If alive, give age years 7. Birth date of decased (mo. day, yr.) 7. Out 215t 1912	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19	9	
8. AGE: Years Months Days If less than one day 35 4 13	Immediate cause of death DUR	RATION	
9. Birthplace GUSSEX County Telaware (Town, county, and state) 10. Usual occupation Store 11. Industry or business Own Store	Due to		
12. Name Ohar les Da Breown 13. Birthplace Vicerrie Co. Md. 14. Malden name Aut & Howing Ton. 15. Birthplace Sussey Co. Del	Other conditions		
2 15. Birthplace Sugger Co. Del 16. Informant. Jeggie Brown Address 201-E, 13th St. Wilmington	Antopsy results	y.	
11. Burial, cremation, or removal. Which?) Cemetery or crematory San Domingo Cemetery Location San Domingo Md	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
18. Funeral director 5. 5. Fram San San Address Federal Sturg Malling Management 19. 6. 3. 19. 7. Malling Management (Date rec'd by registrar) Registrar	23. SIGNATURE Olombar M. D. or other Address Selection M. D. or other	14	

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JUN 16 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9 3d

CERTIFICATE OF DEATH

05412

1. PLACE OF DEATH: .	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Wicinica		
City or town(Ar outside city or town limits, write RURAL and give nearest town)	State County County	
How long In above place of death? 3.	City or town	
Hospital, Institution, or street address when death occurred:	Street No.	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3.(a) FULL NAME	3. (b) Social Security Number	
Edward Cornelius Burke	y Sr.	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
m Col. Widower	20. DATE OF OEATH 9 12:20A:M	
8.(b) Name of husband or wife Self Burke	21. I CERTIFY that death occurred of the date above stated: that I attended deceased from	
7. Birth date of 9 1 8 8 8	and that I last taw h Mul affer on 3 fulle	
8. AGE: Years Months Days If less than one day	Immedia cause of death Death Death Death and Duration	
59 1 8hrsmin.	unti Sudiac Facture 2 who	
9. Birthplace Polks Doad, Somewet, md	Oue to	
10, Usual occupation. (Town, county, and state)	Unleus relussis :	
11. Industry or business	Due to	
12. Name Welliam b. Seerbe	Dither conditions	
	(Include pregnancy within 3 months of death)	
14. Malden name	Major findings of operations.	
S 15. Birthplace	Oate of op.	
16. Informant Educard C. Burke, T.	Autopsy results	
Address Tuasken, md.	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Burleal Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory. Cemetery	Where did injury occur?	
Location Lyashen, Md.	Injured at home, farm, industry, public place (where?)	
18. Funeral director C. S. Messick	Means of Injury Injured at work?	
Address Biralve, md.	23. SIGNATORE DO O A Soundus U.D.	
19. (Date rec'd by registrar) 19 47 Registrar	Address Usulicabe US. Date signed 3 letter 47.	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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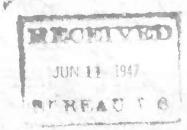
2. USUAL RESIDENCE (HOME) OF DECEASED:

05413

CERTIFICATE OF DEATH

Reg. Dist. No. 333

County	State.
(If outside city or town limits, write BURAL and give neared town) How long in above place of death?	City or town
33 / new you are	(If rural, give LOGATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME George C, Carl	3. (b) Social Security Number
1.0 Ex Stoler or face 6.(a) Single, mirried, widowed, or divorced While Wildows	MEDICAL CERTIFICATION 20. DATE DE DEATH. MEDICAL CERTIFICATION 19/7 at 450 mm
6.(b) Name of husband or wife Many E. Carles 6.(c) If allye, give age years	21. I CERTIFY that dead recoursed on the date above stated: that Lattended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw https:// 19.5. 1
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
Urringle Visine	Due to
9. Birthplace	aturalisms
10. Usual occupation	Due to
12. Name Skorge Carler 13. Birthplace Galland, Va.	Dther conditions
11 -4 4 10 10	(Include pregnancy within 3 months of death)
14. Malden name Matthewn Co. Ma,	Major findings of operations.
16 Homan: Refert B. Carter	Autopsy risults
Add 339 new york are. Salutery	MXSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLERCE: It death was due to external causes, fill in the following;
17. (Burial, cremation, or removal, Which?) Date thereof (mosth) (day) (yelr)	Accident, suicide, or homicide
Cemetery or Cematory Communication	Where did injury occur? (City or town) (County) (State)
Location of Comma	Injured at home, farm, Industry, public place (where?)
18 toperal director manufactured manufactured	The second
(14) 114 Assi P. 1. 1.	20 SIGNATURE
19. (Date jec'd by jekistrar)	Address Date signed (4:): 4)



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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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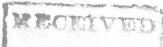
CERTIFICATE OF DEATH

(15414 Reg. Diat. No. 335

1. PLACE OF DEATH: 3// ·	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infant give residence of mother)		
and the amount	(For newborn infants give residence of mother)		
County	state I had a county I tre		
City or town. (If outside city or town limits, write RURAL and give nearest town)	Sizio County		
(If outside eity of town limits, write NONAL and give nearest town)	City or town Mary Will		
How long in above place of death?	(If outside city or own limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No.		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, namo war		
	2.(0) [[Telefall, Hally wall		
3. (a) FULL NAME	3. (b) Social Security Number		
Edward & Tooken			
4. Sex 5. Color or race 6.(a) Single, married, widowed, of divorced	MEDICAL CERTIFICATION		
ma the	MEDICAL CERTIFICATION		
/ While as a le	20, DATE OF DEATH 6/27 19.47 at 5-10F		
m Jt Room			
6.(b) Namo of husband or wife.	21. I CERTIFY that death occurred on the dato above stated; that I attended deceased from		
1 100	1962, 10		
7. Birth date of	and that I last saw hsaalive on		
deceased (mo., day, yr.)	/ (a)		
8. AGE: Years Months / Days If less than one day	Immediaic cause of death		
70 11			
10 11 14. Ihrs.	min.		
Shark Ma			
9. Birthplace	Due to Don Ve A (COLS)		
tol nevert	Manazeaz		
1D. Usual occupation	Due fo.		
11. Industry or business			
14 00			
12. Name Italian It. Cooper	Diher conditions		
13. Birthplace			
Messal VIS.	(Include pregnancy within 3 months of death)		
E 14. Maiden name.	Major findings of operations		
14. Maiden name Mariah V Durfons 15. Birthplace Male	Date of op.		
m of to a sapar			
16. Interment	Antopsy results.		
Address - De arblown	PHYStCIAN: Please underline the cause to which death should be charged statistically.		
Address 1 4 9 11	22. VIOLENCE: If death was due to external causes, fill in the following:		
17 Juna Date thereof 6-27-17	Accident, suicide, or homicide		
(Burial, cremation, or remoral, Which?) (month) (day) (year)	,		
Cometery or crematory dremains	Where did injury occur?		
(Va and ta			
Location (Marylanding)	Injured at home, farm, Industry, public place (where?)		
(Dayley on Dros	Means of Injury tnjured af work?		
18. Funeral director	10. 1-22.00		
Address Oharphouse	(My mongly		
	23. SIGNATURE		
19 6-24 1947 Walter & man	22.		
(Date ree'd by registrar) Regi	istrar Address Durch Date signed D		

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JUN 30 1947

BURRAUTE

		CERTIFICA	TE OF DEATH	Reg. Dist. No3	30
How long in above place	Wicor	Aico, Lla, Rural, te, write RURAL and give nearest town) years, th occurred:	City or town (If outside city or town Street No.	county WICOMICO County WICOMICO Limits, write RURAL and give near	rest town)
How long in hospital or	institution?		2.(a) If veteran, name war		
3. (a) FULL NAME		Mary B. Deshield		3. (b) Social Security 1 219-07-67	
Female,	5. Color or race Colored	6.(a)Single, married, widowed, or divorced Widowed,		L CERTIFICATION 17th, 1947	т5
6.(b) Name of husband 7. Birth date of deceased (mo., day, y	or wife	acob S. Deshield, 6.6) Halive, give age ye		no serie	19 19 DURAPION
8. AGE: Years 50		Days if less than one day 22hrsm	Exchant 1	Kenimbye	12
10. Usual occupation	Day lal	ounty, Maryland. or, ork & field work, Thomas,	Due to		
12. Name	Suss Carolin Wicomico	sex County, Delawa ne Hall, o County, Md.	(Include pregnancy wit	hin 3 months of death)	
16. Informant		y Lawrence, ntico, Maryland.	Actopsy resolts		statistically.
Cemetery or cremato	or removal, Which?) Mardell Marde	Date thereof June 20" 194 a Cemetery, lla, Maryland.	22. VIOLENCE: If death was due to extern Accident, suicide, or homicide	Date ot	(State)
Address 19. (Date rec'd'by res	Federal	ramptom & Son, sburg, Maryland. **Maryland.** **Registration** **Registration**	23. SIGNATURE Sepular	Thed games M. D. o	Prother 18/2

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JUN 24 1947
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PLEASE WRITE PLAINLY, v

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9200

05416

CERTIFICAT	E OF DEATH	Reg. Dist. No
1. PLACE OF DEATH: County City or town (If autside city or twn limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DEC! (For newborn in fants give residence of mother) State	RURAL and give nearest town)
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Tillard J. English 4. Sex 5. Color orwace 6. (a) Single, married_widownd. or divorced		b) Social Security Number 220-07-2221
B.(0) Name of husband or wife Armin & English	20. DATE OF DEATH	3 1949 at 60 m d; that lattended deceased from
7. Birth date o1 deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h	B 10 47 DURATION
9. Birthplace Dethe Sursey Del (Jown, county, and stafte)	Due to.	
10. Usual occupation 11. Industry or business 11. Industry or business 12. Name	Diher conditions Armic Vals	ala zyeur
14. Malden name Clisa Massey 15. Birthplace 15. Birthplace	(Include pregnancy within 3 months of	
Address hardour	Antopsy results	th should be charged statistically.
17 (Burial, cromation, or removed thin?) Cemetery or crematory. Location	22. VIOLENCE: It death was due to external causes, fill Accident, suicide, or homicide	(County) (State)
18. Funeral director. Sparenog 2005 Address hardown Mo	Means of Injury 23. SIGNATURE 7. Fulk	Injured at work?
(Date rec'd by registrar) Registrar	Address Duyslown M	Date signed 6/14/87

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JUN 17 1947

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MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

CERTIFICA

E OF DEATH	Reg. Dist. No	<i>J.</i>
2. USUAL RESIDENCE (HOM (For newborn Infants give reside	E) OF DECEASED:	
State Mangland	County Dicar	rico
City or town production or town	n limits, write RURAL and give n	carest town)
Street No. (If rura	I, give LOCATION)	
2.(a) If veteran, name war		
x D	3. (b) Social Securit	y Number
skan		
MEDICA	L CERTIFICATION	
20. DATE OF DEATH	re 24 1147	al 11.55A
21. I CERTIFY that death occurred on the d	late above stated; that I altended de	ceased from
Supt !	146 10 mm	24 14
and that I last saw h.	min I G	1944
Immodiate cause of death	un coma	DUBATION
		4 days
6/ 5. 711	D. P.	1-01
Oue to Charonic Me		9
Due to Brabelia	malle	112200
Due to Control		7

Other conditions		***************************************
(Include pregnancy wi	thin 3 months of death)	
Majur findings uf operations		
	Date of op	
Autopsy results	e tu which death shuuld he charge	ed statistically.
22. VIOLENCE: If death was due to exte	rnai causes, fill in the following;	
Accident, suicide, or homicide		***************************************
Where did injury occur?(City or		(State)
injured at home, farm, Industry, public p	lace (where?)	
Maans of Injury	Injured at work?	

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correct age PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legrid WRITE PLEASE

1. PLACE OF DEATH:

How long in above place of death?..

How long in hospital or institution? 3. (a) FULL NAME

8.(b) Name of husband or wife

Years

7. Birth date of deceased (mo., day, yr.)

10. Usual occupation. 11. Industry or business 12. Name 13. Birthplace

14. Maiden na 14. Maiden name

(Burial, cremation, or re

(Date rec'd by registrar)

Cemetery or eremete

18. Informant Address

Location 18. Funeral director

8. AGE:

4. Sex

Hospital, institution, or street address where death occurred:

5. Color or race

Months

If outside city or town limits, write RURAL and give nearest town)

Days

own, county, and state)

Date thereof ..

Which?)

6.(a)Single, married, widowed, or divorced

6.(c) If alive, give age ..

if less than one day

26

(month) (day) (year)

23. SIGNATURE.

Registrar Address..

9-45-15N

VS A15



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 183 CERTIFICATE OF DEATH

05418 Reg. Diat. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Waconies	(For newborn infants give residence of mother)
City or town Salesbury	State Marylund County Wiconico
City or town	City or town
How long in above place of dealh?	
Hospital, Institution, or street address where death occurred:	Street No. 104 Gordon
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Farly Jester, Phillip	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	THE PLANT OF THE PARTY OF THE P
	MEDICAL CERTIFICATION
male aa single	20. DATE OF DEATH June 3 1947, 21 12 DN
0	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wife	
6.(c) If allve, give ageyears	The state of the s
7. Birth date of deceased (mo., day, yr.) 3-20-1935	and that I last saw h. A stiffe on
8. AGE: Years Months Days It less than one day	Immediais cause of death.
o. Ada.	gerowning Light
17 0 13hrsmln.	dist
8. Birthplace Salesbury Wacomics Co. md	Oue ta
(Town, county, and state)	
10. Usual occupation.	Oue to
11. Industry or business Stone	
~ 1	
E 2 4 4 200 1	Other conditions
13. Birthplace alisbury 1166	(Include pregnancy within 3 months of death)
# 14. Malden name Pauline Jester	
5 0 in m	Major findings of operations.
15. Birthplace Salubury md	Date of op.
18. Interment Charles Jester	Actorsy results.
Address 104 Gordon St. Salisbury Md.	PHYSICIAN: Please onderline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, till in the tollowing;
17. Burial, cremation, or removal. Which?) Oate thereof (month) (duy) (year)	Accident, suicide, or homicide, accident Date of
	Where did latery occur? Datesting accounts Med
Cemetery or orematory Galen Geras	(City or town)
Location Sales hury Maryland	Injured at home, farm, Industry, public place (where?) Juliusius Fole
James H' Slavest	Means of Injury Because & Rouston Injured at work?
18. Funeral director Tarmes T. Souvant	while suring
Address 402 E. Church St. Sales Md.	top dender wo
1/0 14 10 10 100	23 SIGNATURE M. D. or other
19. (Date real by restrict)	Address Reliaber Med Rate stened 6/7/47





MARYLAND STATE DEPARTMENT OF HEALTH

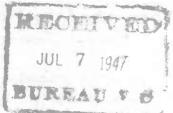
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	CERTIFICATE OF BEA	Reg. Dist. No.
1. PLACE OF DEATH: County City or town. (If outside city or town haits, write RUI How long in above place of death?. Hospital, institution, or street address where death occurred: How long in hospital or institution?	(For newborn inf State Mana City or townS. Al (If out	(If rural, give LOCATION)
3. (a) FULL NAME		3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, n	Widover 20 DATE DE DEATH	MEDICAL CERTIFICATION
6.(b) Name of hashend or wife Serge Arrana. 6.(c) 1 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days 9. Birthplace Sm. W. Hill. (Town, county, and sp. 10. Usual occupation. Farm. Jacks.)	If alive, give age years If less than one day hrs. min. Due to att	a occurred on the date above stated; that I attended deceased from 19 7 to 2 5 19 7 7 19 7 7 19 7 7 19 7 7 19 7 7 19 7 7 19 7 7 19 7 7 19 7 7 19 7 7 19 7 7 19 7 7 19 7 7 19 7 7 19
11. Industry or business 12. Hame	Dither conditions 1. 3. 4. 1. 2. 1.	ie pregnancy within 3 months of death)
Address MT Herman Bard Address MT Herman Bard Address Bard Bard Bard Bard Bard Bard Bard Bard	PHYSICIAN: Please no 22. VIOLENCE: II deat (mgn) (day) (year) Accident, suicide, or hon	derlice the cause to which death should be charged statistically. h was due to external causes, fill in the following; nicide
Location Strate Warces to	to a sear of	(City or town) (County) (State) Injured at work?
19. 6 9 8 19 dy 16 18 as	23. SIGNATURE CAN	S. Durin St. Date signed 25/24

PLAINLY, WITH UNFADING INK. Supply every item of information carefully, ine correct geals especially important. Physicians: please write the causes of death clearly and legibly. RESERVED FOR BINDING MARGIN WRITE PLEASE A15

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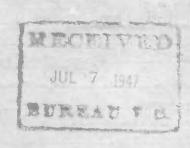
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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1. PLACE OF BEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Vicaureo	
City or town (If outside city or town thits, write RURAL and give nearest town)	State County County
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street addless where death occurred:	
Leenerela Leerel Nogelal	Street No
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Socjal Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	Zou
4. Sex 5. Color or rage 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Acues Marcus	20. DATE OF DEATH. GERER V & 19 4 7 at 11 1/2 0 M
6.(6) Name of husband or wife. Butten Detelegy	21. I CESTIFY that death occurred on the date above stated; that attended deceased from
	Deembe- 1845 pure 24 1847
7. Birth date of 2 4 8 8 3	and that I last saw have alive on Device Q4 19 47
Deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Coronary infarction 600
641 0nrsmin.	left wherealer faile 2 mo
9. Birthpiace Selected	Julmonary edenta I day
(Towar county, and state)	
10. Usual occupation	Due to Agrenteurive hoart die
11. Industry or business	Hilly refersion essenting
# 12. Name Plansmed Deteling	Dther cooditions
12. Name Standard Selected 2. 13. Birthpiace Selected	
# 14. Maiden name Taversey Covering tous	(Include pregnancy within 8 months of death)
14. Maiden name all believes all surfaces	Major fiadiags of operations
2) 15. Birinplace	Dale of op,
16. Informant School Gelles	Autopsy results.
Address Louell Sels.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Beered Date thereof Lesses 28. Ly	22. VIOLENCE: If death was due to external causes, fill in the following:
(Buriai, cremation, or removal. Wbich?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Located Dela	Injured at home, farm, Industry, public place (where?)
11 . 21	Means of Injury Injured at work?
18. Funeral director	Sukla und
Address Sedecal deleg Md	R SIGNATURE W.V. Totaler min.
19 6/ B 1, 19 H / Harret & B	huborolman Dol M. D. or other
(Date rec'd by registrar)	Address Date signed O 26 - 47



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

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CERTIFICATE OF DEATH

Reg. Dist. No. 3.33...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County. Wicomico			
City or town Salisbury (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Wicomico		
How long in above place of death? 25 years	City or town Salisbury (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred: 113 Walnut Street	Street No. 113 Walnut Chroat		
113 Walnut Street	Street No. L13 Walnut Street (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veieran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
CARRIE LEE FORMAN			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widow	20. DATE DF DEATH 10.10A		
6.(b) Name of husband or wife Harry Forman	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
R (c) If alive give age			
7. Birth date of	and that I last saw h		
deceased (mo., day, yr.) September 26, 1862 8. AGE: Years Months Days It less than one day	Immediais cause of death OURATION		
9. Add. 9. 9 hrs			
	07:000		
9. Birthplace (Town, county, and state)	Due to		
1D. Usual occupation	A 10.2		
1D. Usual occupation	Oue to Decility		
11. Industry or business			
E 12. Name Robert Perry 13. Sirthplace Queen Anne Co., Maryland	Other conditions		
13. Sirthplace sueen Anne Co., Maryland	(Include pregnancy within 3 months of death)		
Mary C. Bryan			
Mary C. Bryan 14. Malden name. Queen Anne Co., Maryland	Major findings of operations.		
≥ 15. Birthplace	- Date of op		
16. Informant	Autopsy results		
Address Salisbury, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Surial organism or removal Which?) (Burial cremation or removal Which?)	22. VIOLENCE: If death was due to external causes, this in the following. Accident, suicide, or homicide		
(During, Cremitation, or Comment, Comme			
Cemetery or crematory Centerville	Where did injury occur?		
Centerville, Maryland	Injured at home, farm, Industry, public place (where?)		
18. Funeral director The Hill & Johnson Co.	Means of Injury Injured at work?		
Collabore Mouriland			
Address Salisbury, Maryland	23 SIGNATURE Colicas , Heisley 1990		
19. 6 6 (Date ec'd by registrar) 19 H. Hage 15 Registrar	M. D. OF OTHER		
(Date rec'd by registrar)	Address Chiloshury hed Date signed		



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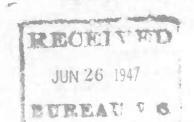
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH Reg. Dist. No. 333
1. PLACE OF DEATH: County Tilly Tilly City or town. Maline My town limits, write RURAL and give nearest town) How long In above place of death? Hospital, Institution, or streef address where death occurred: How long In hospital or Institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced House Married 6.(b) Name of husband or wife. Kandoldh. Shaine	MEDICAL CERTIFICATION 20. DATE DF DEATH
8. AGE: Years Months Days If less than one day H. Done Chester County, and state) 9. Birthplace at Done Chester County, and state) 10. Usual occupation.	and that I last saw h
11. Industry or business Onen Rome 12. Name Deorge Stemard 13. Birtholace Dorchester County Md 14. Malden name Anna Reserva Toolrins 15. Birtholace Torchester County Md 16. Informant Randolph O. Gaines	Due to Dither conditions That Total lobe 3 light Wells (Include pregulancy within 3 months of death) Major findings of operations. Date of op.
Address 17. Burlal, cremation, or removal, Which?) Cemetery or crematory. Mt. New Centre texts. Location	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director	Means of Injury Injury at work? 23. SIGNATURE M. D. or other Address Address Date signed Must 19 194



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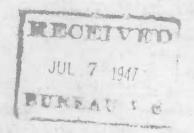
2411 N. Charles St., Baltimore

05423

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH: Wicomico				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
J.	City or town			••••••••••••	State Maryland County Wicomico		
7/				URAL and give nearest town)			
A	How long in above place	of death?7	0 year	3	City or town		
41	How long in above place of death? 70 years Hospital, institution, or street address where death occurred:			li .	Street No. 107 Walnut St	treet	
1	Penins	ula Genera	1 Hosp	ital	(If rural, giv	ve LOCATION)	
	How long in hospital or institution?			•	2.(a) tt veteran, name war		
						3. (b) Social Security N	umber
		GRAHAM	GUNBY	SR.			
Ш	4. Sex	5. Color or race	8.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
-11	Male	White		Widower		2 OH 35 AM	
		1			20. DATE DF DEATH		
H	6.(b) Nama of huaband	or wife Virg	inia G	ordy gunby	21. I CERTIFY that death occurred on the date above atated; that I attended deceased from		
				c) If alive, give ageyears	guste /		
	7. Birth date of			c) it allive, give age	and that I last law halive on	27/	18. £
	deceased (mo., day,	m) Augus	t 18		Immedia cause of death	i i	DURATION
	8. AGE: Years	Months	Days	If lesa than one day	Halasanery Com	Leliana 12	
	70	10	9	hrs min.			
1	S	alisbury.	"icomic	co Co., Maryland	Due to I know bois of	external	
	9. Birthplace	(Town,	county, and	state)	elise sins		
1	10. Usual occupation.	Hard	ware				
					Due to	1	***************************************
	11. Industry or busines ∝				Diver conditions Herniory has on		
	置 12. Name	Li comi co	Ga s		Dther conditions		
	13. Birthplace	Wicomico			(Include pregnancy within 3 months of genth)		
1	14. Maiden name.	France	a G. G	raham			
	E0	Wicomico	Co. W	arvland	Major findings of operations Allatered ditel		
	≥1 15. Birthplace	WICOMICO	000, 111	ar y rana	incluna krowing		
	14. Maiden name 15. Birthplace	raham Gunb	y Jr	***************************************	PHYSICIAN: Please underline the cause to	which doub should be chored a	tatistically
1	Address 311 Long Ave. Salisbury Maryland				LEGISTIC STATE OF THE PARTY OF		
					22. VIOLENCE: If death was due to external c		
	Burial Burial Date thereof (month) (day) (year)		Accident, suicide, or homicide	Date of			
	Cemetery or crematory Parsons Cemetery Location Salisbury, Maryland				Whera did injury occur?(City or town	(County)	(State)
					Injured at home, farm, Industry, public place		
				nson Co.	Maana of Injury	Injured at work?	
					To 1 11	//	0
	. /	alisbury.	10	2 1 0 10	23. SIGNATURE TREEL	Grans M. D	U .
	19 6 / 858, 19 H/1 Haggie & Son 10 1			agree to	mos Dela Prome	Date signed	124/47



2411 N. Charles St., Baltimore

05424

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County			
How long in hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME CLARA B. HEARN	3. (b) Social Security Number		
4. Sex Female S. Color or race G.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATHJune 26, 19.47, 21.1:30		
6.(b) Name of husband or wife Edward L. Hearn 71 71. Birth date of deceased (mo., day, yr.) 71 72 73 74 75 76 76 71 78 78 79 70 70 71 71 71 72 73 74 75 76 76 76 77 78 78 78 78 78 78	21. I CERTIFY that death occurred on the date above stated: that nattended deceased from 18 to 26 19 4		
8. AGE: Years Months Days If less than one day 70 5 10 hrs.	Immediate cause of death DURATION		
9. Birthplace	Per Waliday		
16. informant Edward L. Hearn Address 511 Camden Ave., Salisbury, Mary 11 Burial (Buriat, eremation, or removal, Which?) Cemetery or crematory Parsons Cemetery Location Salisbury, Maryland 16. Funeral director The Hill & Johnson Co. Address Salisbury, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
19 6/28, 19 HY Harriet A. Jo	LAND SIGNATURE M. Dorother /4/		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and MARGIN RESERVED FOR BINDING

correct age

JUL 7 1947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The sist especially important. Physicians: please write the causes of death clearly and legibly.

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Reg. Diat. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County WICOMICO CO.	State MARYLAND COUNTY SUMMERSET CO.			
City or town SALLS BURY (If outside city or town limits, write RURAL and give nearest town)	City or town PRINCESS ANNE MARYLAND (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?				
Hospital, institution, or street address where death occurred: PENINSULA GENERAL HOSPITAL	Street No. OAK STREET			
How long In hospital or Institution? IN DAYS	(If rural, give LOCATION)			
3. (a) FULL NAME	3. (b) Social Security Number			
JEROME HICKMON	5. (0) Social Security Number			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
77.11(1)	(/ 520			
MALE WHITE MARKIED	20. DATE OF DEATH JULY 3 19 T 121 P. A. B.			
6.(b) Name of husband or wife ELLA DAISY MUIR	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
	rs and that I law saw h mailive on June 5 19 4 7			
7. Birth date of deceased (mo., day, yr.) JANUARY 24, 1896	and that I lags saw h alive on III			
8. AGE: Years Months Days If less than one day	Levelval Hemorrhage 12 hour			
51 4 11hrsmlr	(right lateral ventricle / 1 Ja.			
9. Birthplace CRIOLE MARYLAND	Due to Carebral Thromberia Thursell			
(Yown, County, and state)	(Siffure encephalomalacia) Sumaton			
10. Usual occupation CARPENTER	Due to arterisacles sing Cerebral Insenst.			
11. Industry or business				
E 12. Name ISAAC WILLIAM HICK MON	- Dther conditions			
\$ 13. Birthplace CRISFIELD MARYLAND	(Include pregnancy within 3 months of death)			
E 14. Maiden name CHARLOTTE PHOEBUS	Major findings of operations.			
15. Birthplace CRIDLE MARYLAND				
14. Maiden name CHARLOTTE PHOEBUS 15. Birthplace CRIDLE MARYLAND 16. Informant ELLA DAISY HICKMON	Antopey results Sel above			
Address PRINCESS ANNE MARYLAND	PHYSICIAN: Please underline the cause to which death should he charged statistically.			
	22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burial, cremetion, or removal, Which?) Date thereof JUNE 8 (941) (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or CLEMENTY ST. ANDREW'S EPISCOPAL	Where did injury occur?			
Location PRINCESS ANNE MARYLAND	Injured at home, farm, Industry, public place (where?)			
18. Funeral director. MEDFORD L WATSON JR.	Means of Injury Injured at work?			
	1.01 47 20			
Address SEAFORD DELAWARE	23. GENATURE avel . Thurse M. D. Wother			
19. 6/6, 1947, Voasquel & Joh	1900 N. Williams St. M. D. Hother 6 199			



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2411	N.	Charles	St.,	Baltimore	

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH: Kilomile	2. USUAL RESIDENCE (HOME) OF DECEASED: (For preshop infants give residence of mother)
County	State Ma. J. J. Bount Vilonico
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town
Hospital, institution, of street address where death occurred:	Street No. P.D. ## 2
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME Marial, France	2. Holloway 3. (b) Social Security Number
4. Set 5. Color office 6.(a)Single, married, widowed, or divorced	MPSICAL CERTIFICATION
Jernaly White Widow	20, DATE OF DEATH. June 274, 47 at 11306
S.(b) Name of husband or wile Sylviction R.) foll	21 CERTIFY Ihal death occurred on the date above stated; that I attended deceased from
	years July 19 19 19 19 19 19 19 19 19 19 19 19 19
7. Birth date of deceased (mo., day, yr.) aug 19-1867	and that I last saw h
8. AGE: Years Months Days It less than one day hrs.	min_ Crelis H Euserslage
9. Birthplace P.D. Fuentico Marylan	Due to.
10. Usual occupation	
11. Industry opposingss 4 Home	Due to
12. Name My La Market M. Dishprone 13. Birthplace Regulate Med.	Dither conditions Confession St Cl wsis
011	(Include pregnancy within 3 months of death)
14. Maiden name	Major fiedings of operations.
M. Randolul a. Helloway	Date of op.
16. informant.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Buil Date left June 30.	-4 72. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or ready). Which?) (day) (year	
Cemetery or cematory Marchan	Where did injury occur? (City or town) (County) (State)
Holling + C V/Welt 10 Wills	Injured at home, farm, Industry, public place (where?) Injured at work?
16. Witheral director	CM 00:- C 0
Jack I Am Ab I And	23. STONATURE William & M. D. Sancher
19 6/000 1 971 (Carried dix	Topuson 11 0 1 2 me may 15.

JUL 7 1947

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 8

CERTIFICATE OF DEATH

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	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
	Z.(d) IT veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE DF DEATH. 19.47 at 4 P
8.(6) Name of husband or wife. Defense 10 Hornor	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Cord 11, 1878	and that Plast saw h
8. AGE: Years Month Days lt less than one daymin.	Cerebrol Hemorrhoge
9. Birthplace Jugas Ariac M. (Town, county, and state) 10. Usual occupation D. Lausenie	Due fo
11. Industry or business 12. Name Lowye Vinnons 13. Birthplace Junishim Ind.	Diher conditions.
	(Include pregnancy within 3 months of death)
14. Malden name tiliel Hayward 15. Birtholace Tyaskin The	Major findings of operations. Date of op.
Address Prince and Change Med.	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
17. (Burial, cremation, or removal, Which?) Date thereof (month) (day) / (year)	7 22. VIOLENCE; It death was due to external causes, fill in the following; Accident, suicide, or homicide
Cometery or crematory. Ashing while the Location Mt Dennifer mad I	Where did injury occupa (City or town) (County) (State)
18. Funeral director. Drale Dasheel	Means of Injury Injured at work?
Address Trucess Come med	23. STONATURE NEWY M. NOWSTRY M. D. or gener
(Datorec'd by registrer)	Address Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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Correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICA	TE OF DEATH Reg. Diat. No. 333
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Wary Land County Worker Land City to the County Land
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nesrest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) 11 veteran, name war
3. (a) FULL NAME York Hudson	3. (b) Social Security Number
Male Colored Married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH 5/2-3/47 19 19 19 19 19 19 19 19 19 19 19 19 19
8.(6) Name of husband or wife. Scalle Hudson	21. VCERTIFY that death occurred on the date above stated; that attended deceased from
7. Birth date of S. (c) 11 alive, give age	and that I last saw h. A. A. alive on
8. AGE: Years Months Days it less than one day	Immediais crosse of death. OURATION OURATION Sunkman
9. Birthplace J. Millettree Warcuster Mg.	Que to
10. Usual occupation.	Due to
11. Industry or business 12. Name	Dither conditions
13. Birthplace H 14. Malden name 15. Birthplace	(Include pregnancy within 8 months of death)
W 15 Birthalass /	Major findings of operations.
16. Informant Illay & Assams	Autopsy results
Address Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide
Cemelery or crematory of D.O. ala Manages	Where did injury occur? (City or town) (County) (State)
Location Maddlesel My	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Language Company	Means of Injury Injured at work?
Address Show Nell, My	23. SIGNATURE Jane They M. D
19. 6 2 4 1904 Li Kange LE Registrar	160 2/1 M. D. oryother



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 55

CERTIFICATE OF DEATH

05429 Reg. Diat. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Duning	State May had County M. respice
(If outside city or town limits, write RURAL and give nearest town)	QA I
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Jenimula Bonna Infulal	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3 (a) FULL NAME	3. (b) Social Security Number
Jackson, miss ugnes St.	714-10-7076
4. Sex 5. Color or race 6.(a) Single, marriel, widowed, or divorced	MEDICAL CERTIFICATION
Homale white Single	20. DATE OF DEATH. 21 5 A.
	21, I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	May 1946 10 6/14 1947
7. Birth date of Section 1. Section 2. Secti	and that I last saw leg alive on 6/14/47 19.
deceased (mo., day, yr.) July 3, 189 V	Immediate cause of death
8. AGE: Years Months Days If less than one day	Carenoma - meluslate
54 // 9,hrsmin.	
9. Birthplace Lausnahuld, Musneis, Md.	Due to
(Town county, and state)	
10. Usual occupation Sulltany	Due to
11. Industry or business Musleurs	
12. Name Alan J. Jackson 13. Birthplace Mongaig 6, Md.	Other conditions
13. Birthplace Monday Co, MA.	
14. Maiden name I Sertruse Parker	(Include pregnancy within 3 months of death)
14. Maiden name Sutrule Facker 15. Birthplace Mismey Co., MA.	Major findings of operations.
2 15. Birinplace Mill Mills	Date of op.
16, Informant	Actors results
Address Haisnehay, The.	22. VIOLENCE: If death was due to external causes, till in the tollowing:
(Rurial eremation or removal Which?) (Burial eremation or removal Which?) (Burial eremation or removal Which?)	Accident, suicide, or homicide
(Burial, eremation, or removal Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Association of the Location of the Lo	Injured at home, farm, Industry, public place (where?)
18. Funeral director Ile Will A Stephen Co.	Meens of Injury Injured at work?
letil m	1/2/1/2
Address Frankfury, 12	23. SIGNATURE TO A COMPLETE THE STATE OF THE
19 6/16 19 1. Hoasacl Enten	was of the start o
(Date reg d by registrar) Registrar	Address Date signed.



CERTIFICATE OF DEATH

1. PLACE OF DEATH Comils	2. USUAL RESIDENCE (HOME) (For symbols in the give residence of	OF DECEASED:
County	State Ma. p. a. c.	and the comes
(If outside city or town limits, write RURAL and give nearest town)	Salut	rung
How long in above place of death?	(If outside city or town lim	its, write RURAL and give nearest town)
Hospital, Institution, or street address where thath occurred:	Street No. 3/4	ve LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war	
3. (a) FULL NAME	2.(G) It reterant, name was	
Ether Belle Jente	ine	3. (b) Social Security Number
4. Ser 5. Color of face 6.(a) Single, married, widowed, or divorced	MEDICAL (CERTIFICATION
femily Mute Hadan	2D. DATE DF DEATH.	2 2 197 , 2. 8.
6.(b) Name of husband or wife Slorge). Justin	21. I CERTIFY that death occurred on the date a	bove stated; that I attended deceased from
6. (c) Wallye, give age. Dea of		9 19 19
7. Birth date of deceased (mo., day, yr.) June 12-1882	and that I last say &alive on	
8. AGE: Years Months Days It less than one day	Immediate cause of death	DURATION
6464 11 20 hrs.	Pos non	1 2 /2 0
1) Li med		1
9. Birthplace (Town, eounty, and state)	. Due to	
tp. Usual occupation Bellaler at		
tt. Industry or busines . Short Frackowy	Due to	
12. Name Column H. Mussief	Other conditions	
13. Birtholace Dyackin mds	other conditions	
	(Include pregnancy within	3 months of death)
14. Malden name Arabic Md. V. D	Major findings of operations	V
El 15. Birthhitace		Date of op
16. Informan	Apppay results	which death abould be charged statistically.
Chadapality true Dept. #1. pality /1	22. VIOLENCE: If death was due to externat of	
17/3uifef Date thereof June 15-4	Accident, suicide, or homicide	Cultimo Date of Li-1-4
(Buriai, cremation, or rangual, Which?) (month) (day) (year)		
Cemetery or compatory	(City or town	(County) (State)
Location	Injured at home, farm, Industry, public place	· ~ A
18 mera director may o to Nalta K. Holls	Mana of Injury with form	Injured at work?
Salesta manland	of fatherlin	Collingen
chief we had and	SIGNATURE	M. D. or other
19. 6 A 1 19 HT, Tarrel 45	nusa 371	121 6/2/4-

FOR BINDING RESERVED MARGIN PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore & 30

05431

CERTIFICATE OF DEATH

Reg. Diat. No. 333

County	City or town. (If rural, give LOCATION) Sireet No. (If rural, give LOCATION) 2. (a) it veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH
6.(b) Name of husband or wife many Wella Junes 7. Birth date of Well 22, 1886 4. Second (mo., day, yr.)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6 6 19 42 and that I last saw h alive on 6 19 42.
8. AGE: Years Months Days It less than one day 100 5 14 hrs. min. 9. Birthplace Days Order (Months) Days Are	Due to. Try series ion
10. Usual occupation	Due to
14. Maiden name LO with bring 15. Birthplace 14	(Include pregnancy within 3 months of death) Major findings of operations
Address gestervelle md.	Autopsy results. PHYSICIAN: Please auderline the cause to which death should be charged statistically.
17	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location geolervelle Col. Cometer	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director C. G. Messich	Means of injury Injured at work?
18. 6 9 19 At Hassief By Oh	23. SICHATURE. M.D. or other Address Sale bruy Med Bate signed 6-6-X



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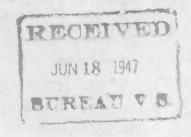
MARYLAND STATE DEPARTMENT OF HEALTH

05432

				4000	-
Reg.	Diat.	No.	3		

CERTIFICATE OF DEATH

1. PLACE OF DEATH	: Wicomic	10		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r	DECEASED:	
County			(**************************************	state Maryland County Wicomico		
City or town. (If outside city or town limits, write RURAL and give nearest town)			URAL and give nearest town)	P. C.		
How long in above place of de				Cily or town Fruitland #if outside city or town limits	, write RURAL and give near	rest town)
How long in 200ve place of the	et address where d	eath occurred	l: _			
Hospital Institution, or street	General	Hospi	tal	Sireei No. (If rural, give		
	2 0	lays		2.(a) if veieran, name war		
How long in hospital or insi	ilulion?			2.(C) II veleran, name war		
3. (a) FULL NAME	LOLA SI		ONG		3. (b) Social Security I	Number
4. Sex 5.	Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	1711-
Female	White	M	arried	20. DATE OF DEATH June 7	1947	8:45)
	Guy I	E. Lon	c	21. I CERTIFY that leath occurred on the date abo		
6.(b) Name of husband or w	ife		***************************************	100 . 01 . 21		
		6. (c) If alive, give age			
7. Birth date of	Oatoboo	. 30	-04E 300:	and that I last saw half alive on		
deceased (mo., day, yr.)		Days	If jess than one day	Immediate cause of death		DURATION
8. AGE: Years	Months			A A		
60	7	19	hrsmin.	Colorary One	Lucion	
9. Birthpiace Sali	sbury. Wi	comic	o. Maryland	Due to	p.f.	
9. Birthpiace	(Tuwn,	ounty, and	state)	Ell. Muneare	lela:	
1D. Usual occupation	At Ho	\ma				
)III C		Due to	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
11. Industry or business	3 7 0	9.4.9.			***************************************	
当 12. Name Fr	ed L.S.m.	ıtn		Diher conditions		
13. Birthplace Sa.	lisbury,	Wicom	ico, Maryland		***************************************	
当 14. Malden name	Josephine	caro	rew	(Include pregnancy within 8 r		
14. Maiden name			•	Major findings of operations	***************************************	,,
15. Birthplace Ba	Itimore,	Maryl	and		Date of op	
arrell	033 G T	mo		Autopsy results	**************************************	
Colin				PHYSICIAN: Please underline the cause to wi	hich death should be charged	statistically.
Address Dalls	bury, Mar	ryland	•	22. VIOLENCE: If death was due to external cau	ises, fill in the following;	
Burial (Burial, cremation, or		Date the	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Parsons Cemetery			ery	Where did injury occur?(City or town)	(County)	(State)
Salisbury, Maryland				Injured at home, farm, industry, public place (w	here?)	
Location The Hill & Johnson Co.			son Co.	Means of injury	injured at work?	
Coli churry Marril and				- family	(A. 1	nd)
Address	Tanata,		1 1 0 0 0	123. SIGNATURE	Grame 11	
19. (Date rec'd by regist	19 H	1 A	agreet to hastra	Address BALA DESKER	M, D. Date signed.	6/7/47



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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consecially important. Physicians: please write the causes of death clearly and legistry.

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MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05433

CERTIFICATE OF DEATH

Reg. Dist. No. 3.3.3

7	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
1	City or town	State Mayland County Wicomuco
	How long In above place of death?	(if outside city or town limits, write RURAL and give nearest town)
	Hosyllal, institution, or street address where death occurred.	Street No
	How long In hospital or Institution?	2.(a) If veteran, name war.
	3. (a) FULL NAME	3. (b) Social Security Number
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	
	male White	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH.
	6.(b) Name of husband or wife	21. I CENTIFY that death occurred on the date above stated: that hattended deceased from
		June 13 147 10 June 13 19.42
	7. Birth date ot deceased (mo., day, yr.)	and that last saw h J. 22 alive on
	8. AGE: Years Months Days If less than one day	Responding
	0.00	a faile
	9. 8irthplace	Due to. The west of the
	1D. Usual occupation	Due to
	11. Industry or business	Dither conditions
	13. Birthplace & Lantown, maryland	(Include pregnancy within 3 months of death)
	14. Malden name Felther norma Janie	(Include pregnancy within 3 months of death) Major findings of operations
	\$ 15. Birthplace Sharptown, maryland	Date of op.
	16. Informant	Autopsy results
	Address	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
	(Burial cremation, or removal, Phich?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
	Cemetery or crematory	Where did Injury occur?
	Location	Injured at home, tarm, Industry, public place (where?)
	18. Funeral director Assaula Gusual Dospila	Means of Injury Injured at work?
	Address Salisbury mangland	23 SIGNATURE, Robert B. Starr
	19. Date regid by registrar	Address dalisburg Date signed 6-14-4-

JUN 19 1947
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13300 CERTIFICATE OF DEATH

0B Reg. Dist. No. 323

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For perborn Infants give residence of mother) State
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME Robert John Mar	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, parried, widowed for divorced	MEDICAL CERTIFICATION 2D. DATE OF DEATH 1947 25:45 A: M
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw Au alive on 19.
8. AGE: Years Months Days If less than one day	Immediate cause of death porty your lacky sounded buscles. Parays mal tacky sardia buscles.
9. Birthplace	Due to Five vecasion
11. Industry or business Assilding Malerials	Due to
12. Name 12. Mame 13. Birthplace 13. Birthplace	Other conditions
14. Maiden name	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant A. J. J. M. M. M. J. A. J.	Autopey results. More
Address Dale thereof. (Burlal, cremation, or removal. Which?) Dale thereof. (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. V10LENCE: I1 death was due to external causes, 11ll in the following: Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State) Injured al home, farm, industry, public place (where?)
18. Funeral director Dans T. Mesself	Means of injury Injured at work?
Address Nelson M.	followwher MM
19. (Date rye'd by retristry) 1911 Hagge of the Megistrar	23. SIGNATURE M. D. or other M. D. or other Address Jalisbury M. Bate signed

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore,

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CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn/infants give residence of mother)
County	mail. of Muan and
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where dath occurred:	Street No
Row long in hospital or institution?	2.(a) ti veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William J. Marsh	all hong
4. Set 5. Color or Yace 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White married	20. DATE OF DEATH JUNE 2 4 19 47 at 11 3
8.(6) Name of husband or wite. Bettie M. Marshall	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from 1. Quantity 19 4 5 19 19 19 19 19 19 19 19 19 19 19 19 19
T. Birth date of	and they last saw harm alive on 6 2 4 4 1 18
deceased (mo., day, yr.) - an , 18 - 1899	Immediate cause of death
8. AGE: Years Months Days If less than one day	Openary occlusion the mine I hour
5-8 3 phrsmin,	
9. Birthplace angels, Ullerina	Due to.
(Town county, and state)	
10. Usual occupation. N. Glassanakal.	Due to
11. Industry or business	In and had present the
12. Name William Marshall 13. Birthplace Hirginia	Differ conditions / an many occusion.
13. Birthplace	(Include pregnancy within 3/months of death)
14. Maiden name Un blown 15. Birthplace	Major findings of operations.
₹ 15. Birthplace	
16. Informant MA Darle, M. M. auskall	Autopsy results
Address Fittaille, my	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, or removal. Which?) Date thereot. (month) (day) (year)	Accident, suicide, or homicide
CAMARA ALLA MASS	Where did lajury occur?
Cemetery or crematory	(City or town) (County) (State)
Location J. M.	Means of Injury Injury Injured at work?
18. Funeral director	modifie of injury
Address Snow Will, MC	The SIGNATURE Frank R Leave Min "
1 6/26 1 Harriet de de	M. D. or other M. D. berger 6-254
10 to a fild by monistrated	Address / Mate signed 6 20 T



CERTIFI

Charles St., Baltimore	05430
CATE OF DEATH	Reg. Diat. No. 333

1. PLACE OF DEATH: .	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Olfsmigo	State	
(If outside city or town limits, write RURAL and give nearest town)	State	and the
How long in above place of death?	City or town	nearest town)
dospital, Institution, or street address where death occurred:	P 7 10 + 1/2	
Renewalla General Hope	Sheet No. (If rural, give LOCATION)	
How long In hospital or Institution? / O Mays	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Secur	ity Number
Eliska Parker		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white married,	20. DATE OF DEATH Just 9 19.4	7 1 10
6.(b) Name of husband or wife Oricella Ellen Buske	21. I CERTIFY that death occurred on the date above stated: that I attended	7 44 7
	ears 19 10 9 7	19
7. Birth date of deceased (mo., day, yr.) Annuary 15, 1863	and that I last saw h	19
8. AGE: Years Months Day if less than one day	Immediate cause of death	DURATION
84 4 24hrs.	min. Myserially Christies	
9. Birthplace Of Monico Co Meyland	Due to	
(Town, county, and state)		
10. Usual occupation Fully 100	Due to	*******
11. Industry or business		
12. Name Sumpon Varker	Dther conditions	
12. Name Sumplin Vailer 13. Birthplace Wicomico Cop Massland		
	(Include pregnancy within 3 months of death)	*
14. Maiden name Alinabeth Hannie Chusons 15. Birthplace Humane Co. Mainland	Major findings of operations	
\$ 15. Birthplace Michnico Co., Wainling	Date of op	
16 Informant Glan J. Darker U	Autopsy results	
lasi elle man land-to la	PHYSICIAN: Please underline the cause to which death should be char	ged statistically.
Address Sallowing, Mary and V. V.	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal, Which?) Date Ihereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or creditatory Dallans lemeters	Where did injury occur?(City or town) (County)	(State)
Location Sulisbury Marylands	tnjured at home, farm, industry, public place (where?)	***************************************
26. 7/100 1/10 Alana 1/0	Meens of Injury Injured at work?	
18. Funeral directory All Maria Daniel	4.018	(
Address Sallworld, I faryearny	23. SIGNATURE THE A. F. TOWNERS CA	D. or other
19. 6 / 2 , 19 AA Bassie 75 y AB	hoon of all and	1/9/2-
(Date ree d by registral) Regis	trar Address Date sign	9/1/19

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and FOR BINDING RESERVED MARGIN

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2411 N. Charles St., Baltimore

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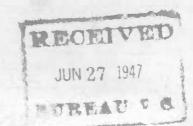
PETELCATE OF DEATH

CE	ERTIFICATE OF DEATH Reg. Dist. No. 333
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County	In I Missaira
City or town	we neurost town)
low long in above place of death? 47 (Jeans)	(If outside city or town limits, write RURAL and give nearest town)
ospital, Institution, or expect address where death occurred:	Street No. 801 Faplas Aul and
801 Foplas All and	If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Parsons El	la Cathell 3. (b) Social Security Number
4. Set 5. Color or race 8.(a)Single, married, widow	wed, or divorced MEDICAL CERTIFICATION
Jon do Hill Miden	20. DATE OF DEATH Stine 2/ 18 47.21 3-7
E C. Parl	20. OATE OF DEATH
8.(b) Name of husband or wife	21. I CERTIFY that reath occurred on increase above states: That a strength decrease from
***************************************	age years and that last all all all all all all all all all al
7. Birth date of decoased (mo., day, yr.)	
8. AGE: Years Months Days If less than	
78 G 10	irs. min. & venal disease. 14
Micania G. M.	Due to.
9. Birthplaca (Town county, and state)	2
18. Usual occupation. A Hare	Busha
11. Industry or business	DUS 14
6	Other conditions.
12. Nama Ames Consus	
	(Include pregnancy within 8 months of death)
14. Maiden name Nearetta Mills 15. Birtholace Musical Co. 72	Major findiogs of operations.
E 15. Birthplace Myssell C.	Date of op
16. Interment Min, Sen M. Fay	Antonsy respits
Address 80/ Lople Rill and, Jak	DERUNE, MA. PHYSICIAN: Please underline the caose to which death shoold he charged statistically.
19 ()	22. VIOLENCE: If dealh was due to external causes, fill in the following:
(Burlal, cremation, or removal. Whigh?) Date thereof	th) (day) (year) Accident, suicide, or homicide
Cemetery or crematory A AUSINE A	Where did injury occur?
Aslichung Pak.	Injured al home, farm, Industry, public place (where?)
Location	Means of injury Injured at work?
18. Funeral director.	Intradenative MD
Address Thurbury My.	25 SIGNATUR Alekate Med Games
6/93 14 1000	M. D. or other
(Date reg d by registrar	Registrar Address Allistuff Ma Date signed

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	TE OF DEATH Reg. Dist. No.333
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For eewhorn infants give residence of mother) State County City or town (If outside city or town almits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
J. Stilber Phillip	△
4. Sex 5. Coldr or race 6. (a) Single, married, widowed, or dirorced. 6. (b) Name of husband or wife	MEDICAL CERTIFICATION 2D. DATE DF DEATH
7. Birth date of S.(c) If alive, give age 7.2 years	1847 to MM 6 1849
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate caose of death DURATION
72 4hrsmia.	William & William
8. Birthplace (Town, coopt) and stete)	Due to Mithal Valvalar disease 6 Mints
10. Usual occupation. Marine Canginees 11. industry or business	Due to
E 12. Name seph to hillips	Other conditions
13. Birthplace 14. Malden oame. Victora Cooper 15. Birthplace	(Include pregnancy within 8 months of death) Major findings ol operations.
15. Birthplace	major padings of operations
18. Informant the Thillips Address Sharbtown	Actopsy results
17. Burial Date thereot (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Marglown	Injured at home, tarm, industry, public place (where?)
18. Funeral director Sharley of Sharley	Means of Injury Injured et work?
19. Janua 19. 19. 19. Walton & manna Registrar	23. SIGNATURE M. D. or other Address Sharptonn M. D. or other Address Date signed 6/12/47

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PLAINLY, WITH UNFADING INK. Supply every item of information carefull is especially important. Physicians: please write the causes of death clearly an

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MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1600

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CEPTIFICATE OF DEATH

CERTIFICA	Reg. Diat. No. 3.3
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	City or town
How long in above place of death? Hospitat, institution, or street address where death occurred.	Street No. 20.8 Delande Street No. 20.8 Ciff rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21 8 pm.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
7. Birth date of deceased (mo., day, yr.) June 24-1947-4; 4m	and that last saw h. G. J. alive on
8. AGE: Years Months Days If less than one day	D. 1
9. Birthplace. Solislen manyland (Francounty, and state)	Due to To James of fraguency
10. Usuat occupation A. Alexandrian	Due to C fremetice glacetel
12. Name 1. Mery James hoges	Other conditions
14. Malden name Con M. M. Dry John Stripplace Parl and M. Dry	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant.	Autopsy results Dale of op.
Address	PHYSICIAN: Please underline the cause to which death about be charged statistically.
17. (Burial, cremation, or removal, Which?) Date thereof Angul 25. 1947 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Cemetery or crematory & Ki He (Where did injury occur?
18. Funeral director emmande burnel sorpet	Means of Injury Injured at work?
Address Saluting mandand	20 SIGHATURE Robert R. San.
19. (Date ryc'd by registrar)	ir Address Salis Cours Date sign Jone 25 4



1. C.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 13 2

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

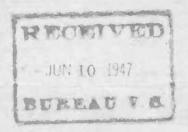
y. rne correct age legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

Reg. Dist. No. 393

Wicomico	(For newborn infants give residence of mother)
City or town Salisbury (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Wicomico
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of dealh? 23 years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. John B. Parsons Home (If rural, give LOCATION)
John B. Parsons Home	(If rural, give LOCATION)
How long in hospital or Astitution? 5 years	2.(a) It veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
LONIA B. SHOCKLEY	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
4, 321 3. Bolot of Face 6.(4) Singlet, Married,	MEDICAL CERTIFICATION
Female White Widow	20. DATE OF DEATHJune 3
5.(b) Name of husband or wife J.J.William Shockley	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of	and that I last saw h C.Palive on
deceased (mo., day, yr.) March 18 1867	Immediate cause of death
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate Cluse of Gents
80 2 15hrs	
00 2 1	Due to.
9. Birihplace Worcester Jos Maryland (Town, county, and state)	
10. Usual occupation. None	
10. Usual occupation.	Dus to
11. Industry or business	
I 12. Name Josiah Morris	Diher conditions
Josiah Morris Name Josiah Morris Naryland	(Include pregnancy within 3 months of death)
21 22 0 20	(Include pregnancy within a months of death)
to IT, majori ramo	Major findings of operations
2 15. Birthplace Worcester Co., Maryland	Dale of op.
18. Intermant John B. Parsons Home	Actopsy results.
	PHYSICIAN: Please onderline the caose to which death should be charged statistically.
Address Salisbury, Maryland	22. VIOLENCE: It death was due to external causes, till in the tollowing;
Burial (Burial, cremation, or removal, Which?) Bate thereot	Accident, suicide, or homicide
	100 - 414 to 100 -
Cemetery or crematory Loudon Park Cemetery	
Location Baltimore, Maryland	Injured at home, farm, Industry, public place (where?)
	Means of Injury tnjured at work?
18. Funeral director The Hill & Johnson Co.	
Address Salisbury, Maryland	23 SIGNATURE
(14 MY Fee Ballate	M. D. or other
19 6 of 18 of the Carried Exph	Tar Address Date signed



PLEASE WRITE

19. (Date reold by registrar)

orrect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CEDTICICATE OF DEATH

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CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: Wicomico	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State
Hospital, institution, or street address where death occurred: Peninsula General Hospital How long in hospital or institution? 6 days	Street No. 903 North Division St. (If rural, give LOCATION) 2.(a) II veteran, name war.
3.(a) FULL NAME MAGDELENE M. SPANG	3. (b) Social Security Number
4. Sex Female S. Cotor or race 6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH
5.(b) Name of husband or wile	and that I tast saw he alive on
8. AGE: Years Months Days If tess than one day 9 21	In Inclinity Cause of death OURATION
9. Birthplace	Due to.
11. Industry or business 12. Name	D- pareum h 1974 1/
14. Maiden name Mary Boles 15. Birtholace Indiana	(Include pregnancy within 3 months of death) Major findings ul uperations
16. Informant J.L. Spang Address 905 N. Division St., Salisbury, Md.	Autopsy results PHYSICIAN: Please underline the cause tu which death should he charged statistically.
17. Burial Date thereot (month) (day) (ear) Cemetery or crematory. Holyhood	22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide
Brookline, Mass. The Hill & Johnson Co.	Injured at home, tarm, Industry, public place (where?) Means of injury Injured at work?
18. Funeral director	623. SIGNATURE PMON

eristror Address....



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

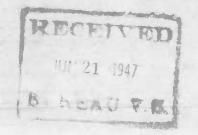
2411 N. Charles St., Baltimore 9 3 de

CERTIFICATE OF DEATH

05441 Reg. Diat. No. 335

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infantal give residence of mother)
County July 1	State Ad. a County Mysonico
(If outside city or town Junts, write RURAL and give nearest town)	Selishung m.
How long in above place of death? 7 Veffex	(If outside ety or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Silvery, M. D. S.	(If rural, give LOCATION) 2.(a) It veteran, name war
How long In hospital or Institution?	
3. (a) FULL NAME	3. (b) Social Security Number
hellan James Juon	int I
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Thise Manual	20. DATE OF DEATH JUSE 14 1947 1947 1951 18 18 18 18 18 18 18 18 18 18 18 18 18
South Jan Pewarend	21. I CERTIFY that death occurred on the date above stated; that I attempted deceased from
6.(b) Name of husband or wife	Jan 1 19 4 6 , to 4 10 4 10 4
7. Birth date of 2. A 2.	aed that I last saw but halive on Land
deceased (mo., day, yr.) My 1 / 8 / 4	Immediate cause of death
8. AGE: Years Months Days If less than one day	Carous Myseardily
7 1/ 1 min.	
8. Birthplace Muonus 6. M.	Due to
(Town, county, and atate)	Ashroad :
10. Usual occupation	Due to
11. Industry or business	
E 12. Name Classification of the second of t	Other conditions
13. Birthplace Milanes O., M.	(Include pregnancy within 3 months of death)
14. Malden name Crima hilliams 15. Birthplace Musnies Co., M.S.	Major findings of operations
15. Birthplace Musney Co., M.S.	Date of op.
16. Interment Mrs. Hilliam H. Sixton	Antonsy results.
1129/at 1 11 1.0. m	PHYSICIAN: Please auderline the cause to which death should be charged statistically.
Address 10 (Max S. Sallahury, 12	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. These deser	Where did injury occur?
	Injured at home, farm, industry, public place (where?)
Location The Location	Means of injury Injured at work?
18. Funeral director. Italy Milly Marian Co.	4111
Address Salishwey, My	OR SURVEYURE TT. W. GAMMAN MAS
6/14 44 0000 800	23. SIGNATURE M. D. or other
19	musa Wheeler W. M. M. Bate stoned le 14 147.

Sie thi



age

PLAINLY, WITH UNFADING INK. Supply every item of information carefully, sespecially important. Physicians: please write the causes of death clearly and l

WRITE

PLEASE

SA

BINDING

FOR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

159

CERTIFICATE OF DEATH

1)5442 Reg. Diat. No. 333

County City or town (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State: Olary County County
How long in above place of death? Hospital, Institution, or street address where Neath occurred: Longital Institution or street address where Neath occurred:	City or town (If outside city or town limita, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race. 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 21. 12 25.
S.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated: that attended deceased from
June 2 5 - 19 4 7 6.(c) If alive, give age	
8. AGE: Years Months Days If less than one day	Immediate cargol death DURATION DURATION
9. BirthpiaceS. alsolung maryland (Town, county, and state)	Due to
1D. Usual occupation	Due 10
E 12. Name July James Monrol 13. Birthplace Susset Delaware	Dther conditions
14. Maiden name Hasturg Helm Josephin 15. Birihplace Sussey Delaware	(Include pregnancy within 3 months of death) Major findings of operations.
El 15. Birthplace	Date of op.
16. Informant	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17. (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory.	Where the injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director empoule Survey Hop	Myans of Injury Injured at work?
Address Salisting manyland	The Romany
6/26, HY Logge 0 8. 00	23. SIGNATURE M. D. prother G. C. W. 7



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

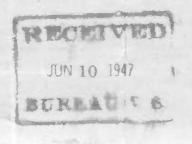
2411 N. Charles St., Baltimore 900

CERTIFICATE OF DEATH

(1543337. Reg. Dist. No. 3237.

1. PLACE OF DEATH: // PAGE 1	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Wildmites	State Police County State
(If of town (II of teide city or town limits, write RUEAL and give nearest town)	11 Has his med R D In May
How long in above bigce of death?	(If outside city or town limits, write RURAL and give nearest town)
Rospital, institution, or street addrees where death occurred:	Street No.
How long in hospital or insiliution?	(If rural, give LOCATION)
	2.(a) If veteran, name war
3.(a) FULL NAME Wanwright, Frank	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male a.a. Married	20. DATE DF DEATH June 7 1947 21 2 10 M
6.(b) Name of husband or wife Mary Wain weith	21. I CERTIFY that death occurred on the date plove stated; that I attended deceased from
Dead	18 19 19
7. Sirth date of	and that I last eaw ballive on 2
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immedia: cause of death DURATION
61a.T 78 — — hrsmln.	Enjoury / homboses anddle
about 18	- Aug
9. Birthplace	Due to
1D. Usual occupation	
11. Industry or businese	Due to
12. Name Mall sall sall sall sall sall sall sall	Dither conditione
	(Include pregnancy within 8 months of death)
14. Maiden name Improvements 15. 8irthplace Inkneum	Major findings of aperatians. Hone
≥ 15. 8irthplace unknyggen	Date of op.
16. Informant Q. Lell Delles	Actopsy results.
Address Tylankin	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Branch Bate thereof James 7. 1947	22. VIOLENCE: If death was due to externat causes, fill in the following:
(Burial, cremation, or removal. Which?) (month) (day) (fear)	Accident, suicide, or homicide
Cemetery or crematory White Haven	Where did injury occur?
Locallon White Atanens	tnjured at home, farm, Industry, public place (where?)
18. Funeral director astrepti Stewart	Meene of Injury Injured at work?
700	for Calemalar NED
Address Daleslung ma	23. SIGHATURE Sleputy Med Ganin , weeding
18 Jul 7 18 47 Thosport Fall	M. D. or other
(Uate rec'd by registrar) Registrar	Address Jalistury Date signed 2/4

C. H. O. BATE 6-10-47



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE	OF	DEATH	
0211111101112	-	*******	

age	2411 N. Charles St., Baltimore 830		
PE ?	CERTIFICAT	TE OF DEATH	Reg. Dist. No. 333
	1. PLACE OF DEATH: Vicanico	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:
Thegil	City or town Pittrille Wol	State Count	y Shill Milde C
Pay.	(If outside city or town limits, write RURAL and give nearest town)	City or town Littavelle	write RURAL and give nearest town)
y a	How long In above place of death?	Street No.	
on carefully.		(If rural, give L	
ion cle	How long In hospital or institution?	2.(a) tf veteran, name war	
information of death cle	3. (a) FULL NAME Mary Elyabeth Wh	eto	3. (b) Social Security Number
	4. Sex 5. Color or race 6.(a)Single, margled, widowed, or divorced	MEDICAL CE	RTIFICATION
causes	female white Wadowed	20. DATE OF DEATH. June 2	9 th 19 H7 19-15-19
	Jen B White	21. I CERTIFY that death occurred on the date above	
ry i	6.(b) Name of husband or wife	august 19.4	D 10 Jack of Seath
eve	7. Birth date of	and that Past saw head alive on	228,19491 19
Wr	8. AGE: Years Months Days If less than one day	Immediate cause of death	ALLA DURATION
Supply eve	74 3 /8hrsmin.	Cerebral Bonniella	Lestone day or both.
. S	Pita ille real	121 one in aug 17,40	Jas may fallen
N.S.	9. Birthplace	Due to Alffallelled Alfa	······································
ADING INK. Physicians: pl	10. Usual occupation. House wife	Due to.	
OIN	11. Industry or business		
fr.	# 12. Name Walliam + Parsons	Other conditions trees selen	Asis
UNF.	13. Birthplace Wol	(Include pregnancy within 3 mo	antha of death)
H (14. Malden name Laura Treenley		
VITH UNI	14. Maiden name Jama Freeney 15. Birthplace Wd	Major findings of operations	
	16 Informant Carlis White	Autopsy results	
PLAINLY, is especially	Address Pettsville US	PHYSICIAN: Ptease underline the cause to which	
AIN	Busine 1. 1. 10 17	22. VIOLENCE: If death was due to external cause	es, fill in the following:
PL.	(Burial, cremation, or removal. Which?) Date thereof (projects) (day) (year)	Accident, suicide, or homicide	
	Cemetery or crematory	Whara did injury occur?(City or town)	(County) (State)
WRITE	Location Pittsville Wed	injured at home, farm, industry, public place (whe	
	18. Funeral director Hon Howard Wells	Means of injury	tnjured at work?
PĽEASE	Address Pettsville Ud	The P	Ding Friel
E	7/1 114 Maga 18-9 Opla	23. SIGNATURE	M. D. or other
4	19	Istory The Hands may	Aland Date signed 6-3047

MARGIN RESERVED FOR BINDING

JUL 5 1947

WRITE

PLEASE

VS

1 PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05445

CERTIFICATE OF DEATH

2 USUAL RESIDENCE (HOME) OF DECEASED.

Reg. Dist. No. 333

County Wicomico		mico	(For newborn infants give residence of mother)
10/3]] a m A a		~~~~	State Maryland county Wicomico
City or town		s, write RURAL and give nearest town)	Millende
How long in above plac	e of death?	ir	City or town Willards (If outside city or town limiter wite RURAL and give nearest town)
Haspital Institution of	r street address where dea	th accurred:	RFD
		X	Street No
		X	2.(a) If veteran, name war
3. (a) FULL NAM	lE .		3. (b) Social Security Number
	ARTHII	R GORMAN WILKINS	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male	white	Manualaa	
Mare		Married	20. DATE OF DEATH. LISUE 24 19 4 1. 21 93 A . A
6.(b) Name of husband	Elbert	a Wilkins	21. VERTIFY that death accurred on the date above ataled; that I attended deceased from
711		32	tanually 1945 to day of deathst
7. Birth date of	••••	6.(c) If alive, give age32 yeara	and that I last aaw hust alive on 6-244 M 19
deceased (mo., day,	yr.) Feb. 28	. 1906	
8. AGE: Year	rs Months	Days If less than one day	Pulmonary totoculsus 3 yes?
#1	3 1	9, 7	-1,200
1	1/477	ards, Md.	
9. Birthplace			Due to
(Town, county, and atate)			
1D. Usual occupation.		r	Due to.
11. Industry or busines	Farming	g	
₩ 40 H	John Will	kins	au
12. Name	***************************************	Md.	Dther conditions
13. Birthplace			(Include pregnancy within 3 months of death)
14. Maiden nameLeona Hall 15. Birthpiace Md.		311	
TO SE BINADA		MA	Major findings of operations.
			Dale of op.
16. informant Mrs. Elberta Wilkins			Autopsy results
Address	willards,	, Md. RFD	PHYSICIAN: Please underline the cause to which death should be charged statistically.
		Tune 07 10/17	22. VIOLENCE: 11 death was due to external causes, till in the following:
17 Buria	n, or removal, Which?)	Date thereof June 27, 1947 (month) (day) (year)	Accident, suicide, or homicide
	Mew Hone		Where did injury occur?
Cemetery or crematory Willards Md.		Ma	Where did injury occur?
Location			Injured at home, farm, Industry, public place (where?)
mysal			Maena of Injury Injured at work?
18. Funeral director			
Address Illeguelle, Oct.			2 That of form min.
1/0	y the	20 1 DO (10)	M. D. or other
19	19 1	Hassie Ky	1 6-254

JUL 7 1947

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

	05456
Diat.	No

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Wisconics	State Mansland County Wieomics
(If outlide eity or town limits, write RURAL and give nearest town)	0 1110 + 21
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death (Accurred:	Street No.
7.0	(If rural, give LOCATION)
How long to hospital or institution?	2.(0) II veceran, name wal
3. (a) FULL NAME	3. (b) Social Security Number
James Tranklin Wrig	let.
4. Sex Solor or race S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male a a married	20. DATE OF DEATH 12 July 19 4 7 21 9 30 M
8.(b) Name of husband or wife Nora Wright	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
7. Birth date of 2	7 May 1947 30 13 June 1947
7. Birth date of deceased (mo., day, yr.) Nov. 4, 1882	and that I last saw MMM alive on 121 Lillel 19 4
deceased (mo., day, yr.) 1000, 4, 1882. 8. AGE: Years Months Days If less than one day	Immediair cause of death OURATION
43 7hrsmin.	weelral / weels:
9. Birthplace Salisbury Uncomics Co. Md.	Due to arleseo scelerorio.
4 1 1	
1	Oue to
11. Industry or business Same as above	
E 12. name	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name adeline - Wright 15. Birthplace Fruittand, md.	Major findings of operations.
\$ 15. Birthplace Frientland md.	Date of op.
16. Interment Mrs. Rose Goldsborough	Antopsy results
Address Baltimore md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VtOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Community	Where did injury occur?
Location near White Hoven	Injured at home, farm, Industry, public place (where?)
18. Funeral director James 7. Stewart	Means of injury Injured at work?
Address 402 E, Church St. Salabury Md.	Dandel Sounder
Que 13 47 - 17 Wall Val	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) (Date rec'd by registrar)	Address Cluberal Und Date signed 13 Lune 4-

JUN 16 1947